## Request for Comments -- Site Review TCEQ -- Air Permits Division Phone: (512) 239-1250

Fax: (512) 239-1300

| Submitted by: Air Permits In | itial Review Team |
|------------------------------|-------------------|
|------------------------------|-------------------|

TO: Region: 4 City: Dallas County: Dallas

Date Request Submitted: October 2, 2012 Date Response Requested:

Comments: Deadline is 45 days for MSS-type reviews, 21 calendar days for all others, from the Date Request Submitted. Section Manager approval is required for responses requested sooner than those deadlines. MSS = an NSR application for Planned Maintenance, Start-up, or Shutdown emissions in accordance with 30 TAC Chapter 101.

Date Application Received by Air Permit Initial Review Team: September 28, 2012

REGIONAL OFFICES: Please return comments to the appropriate Permitting Team Leader indicated on the following page ASAP, but no later than deadline established above. Permit disposition will proceed after comments are received or after the comments deadline has passed.

## **REQUESTED PERMIT ACTION:**

| MSS Construction | MSS Amendment              | Revision |
|------------------|----------------------------|----------|
| Construction     | X Amendment                | Other    |
| Renewal          | Renewal Abbreviated Review |          |

Project No.: 183376 PERMIT No.: 7711A

TCEQ Account No (if applicable): DB-0378-S

Regulated Entity No.: RN100788959 Customer No.: CN602717464

**Company Name: Building Materials Corporation of America** 

Plant Name: GAF Materials | City: Dallas | County: Dallas

**Location: 2600 Singleton Boulevard** 

**Unit Name: Asphalt Roofing Production Facility** 

Technical Contact: Durwin Farlough Phone: (214) 637-8977

Local Program Applicable?: X Yes No Local Programs: Dallas

Note: For sites in a region that has a local program with jurisdiction, MSS projects for those sites will

be reviewed by regional offices only.

## **Request for Comments -- Site Review RESPONSE**

## PLEASE SEND COMMENTS TO THE PERSON IDENTIFIED BELOW. (To avoid delays, please do not

| send this back to the Air Permits Initial Review Team.):                   |  |          |                    |                               |             |                           |                         |
|--|--|----------|--------------------|-------------------------------|-------------|---------------------------|-------------------------|
|  | To: Bonnie Evridge - Air Permits Division – Austin                 |          |                    | E-Mail: <u>Bonnie Evridge</u> |             | <u>Evridge</u>            | Phone: (512) 239-5202A) |
| Χ  | To: Mike Gould - Air Permits Division - Austin E-Mail: Mike        |          |                    | l: <u>Mike G</u>              | <u>ould</u> | Phone: (512) 239-1(1917C) |                         |
|  | To: Steve Akers - Air Permits Division - Austin (Comb/Coat) (Comb) |          |                    | E-Mail : <u>Steve Akers</u>   |             | <u>Akers</u>              | Phone: (512) 239-1141   |
|  | To: Tony Ionescu- Air Permits Division - Austin (Chem) (Coat)      |          |                    | E-Mail : <u>Tony Ionescu</u>  |             | <u>onescu</u>             | Phone: (512) 239-1277   |
|  | То:  | E-Mail:  | -Mail: Pho         |                               |             |                           | Fax:(512) 239-1300      |
| FR   | OM: Region: 4  |          | City: Dallas       |                               |             | County: Dallas            |                         |
|  |  |          | Compliance:        | ompliance: Lega               |             |                           |                         |
| Со   | py of Application Received   | by your  | Office: YES No     | )                             |             |                           |                         |
| Da   | te Received:   |          |                    |                               |             |                           |                         |
| PERMIT No. 7711A PROJECT I   |  |          |                    | JECT N                        | o. 183376   |                           |                         |
| TC   | EQ ACCOUNT NUMBER:   | DB-03    | 78-S               |                               |             |                           |                         |
| Со   | mpany Name: Building M   | aterials | Corporation of Ame | rica                          |             |                           |                         |
| Investigator's/Compliance Officer's Name (Please Print):                   |  |          |                    |                               |             |                           |                         |
| Organization:  |  |          |                    | ı                             | Phone:      |                           |                         |
| Comments Deadline:   |  |          |                    |                               |             |                           |                         |
| Date of Last Site Visit:   |  |          |                    |                               |             |                           |                         |
| SITE INFORMATION:  |  |          |                    |                               |             |                           |                         |
| Nuisance/Odor Potential: Low Moderate High                                 |  |          |                    |                               |             |                           |                         |
| На   | Hazard Potential: Low Moderate High                                |          |                    |                               |             |                           |                         |
| Surrounding Land Use:  |  |          |                    |                               |             |                           |                         |
| School within 3,000 feet? Yes No Distance (feet): School Name:             |  |          |                    |                               |             |                           |                         |
| Distance to Nearest Off-Property Receptor:                                 |  |          |                    |                               |             |                           |                         |
| Receptor Type:   |  |          |                    |                               |             |                           |                         |
| Distance from unit to nearest property line:                               |  |          |                    |                               |             |                           |                         |
| Describe area surrounding the site (agriculture, industrial, residential): |  |          |                    |                               | al):        |                           |                         |
| NOV/NOE INFORMATION (concerning affected process unit):                    |  |          |                    |                               |             |                           |                         |
| Type of Site: New Existing   |  |          |                    |                               |             |                           |                         |
| NOV Issued? No Yes   |  |          |                    |                               | Date:       |                           |                         |
| Ту   | Type of Violation:   |          |                    |                               |             |                           |                         |

| Was there an NOE for this site?:NoYes   | Date:                  |  |  |  |  |
|---|------------------------|--|--|--|--|
| Please provide any information the permit engineer needs concerning the current NOV, violation, or NOE status   |                        |  |  |  |  |
| Summarize any recent complaints related to this facility including complaint type and CCEDS number:   |                        |  |  |  |  |
| Recommendation based on Compliance History: (*For Compliance Use Only)  |                        |  |  |  |  |
| Proceed with Permit Review * Additional Provisions * Deny Permit  | * Update Application * |  |  |  |  |
|   |                        |  |  |  |  |
| SITE REVIEW:  |                        |  |  |  |  |
| In light of the proximity of sensitive receptors and the surrounding land use, please discuss any concerns you have concerning a facility of this type locating at the proposed site. |                        |  |  |  |  |
| MSS Specific Notes:   |                        |  |  |  |  |
| The following MSS activities in the application are insufficient or inconsistent with our knowledge of MSS at the facility, and why:  |                        |  |  |  |  |
| The following activities are typically considered planned MSS and are not found in the application. These activities should be added or addressed:                                    |                        |  |  |  |  |